

CHAPTER 10

REPORTING

I. INTRODUCTION.

This chapter explains the various reports you must submit regarding your CDBG grants and your Program Income (PI)-funded activities.

II. GRANTEE RESPONSIBILITIES.

You are responsible for the implementation and monitoring of all CDBG -supported activities. As such, you must assure that all open grant contract milestones are accomplished and all PI is substantially expended each year, wither the CDBG activity is conducted by your own staff or outside consultants/subrecipients. You are also required to submit the proper (most current) CDBG reports on time to the state, which certify that milestone and benefit information in the reports is correct. Typical reports include: semi-annual Financial and Accomplishment Reports (FARs), annual Grantee Performance Reports (GPRs), quarterly and annual reports on your local Program Income activities, annual Section 3 reports, semi-annual wage compliance reports, and semi-annual economic development accomplishment reports. Failure to meet reporting requirements may at a minimum affect your rating on future CDBG funding applications, and may preclude you from applying.

This section gives instructions for completing the required periodic performance reports (included in Section VI, “Supporting Materials”). **Note that the due dates given are the dates by which the Department should receive the signed and dated “original” reports along with the required number of copies. Facsimiles will not be accepted.**

- A. Financial & Accomplishment Report (FAR) (entire report due semi-annually and at closeout for all grants)
 - 1. Section I – Fund Status (see Chapter 9) and Accrued Expenditures & Milestones
 - 2. Section II – Expenditure of Match/Leverage
 - 3. Section III - Residential Rehabilitation Loan Account (if applicable)
 - 4. Section IV – Interest Revenue Earned on Advances (if applicable)
 - 5. Section V – Lump Sum Drawdown (if applicable)
 - 6. Section VI – Comments
 - 7. Accomplishment Report – Narrative Accomplishments
- B. Returned Funds Form
- C. Disencumbrance of Funds Form
- D. Closeout Certification Form
- E. Economic Development Progress Report (semi-annual, due by 4/30 and 10/31)
- F. Wage Compliance Reports
 - 1. Semi-annual (due by 4/30 and 10/31)
 - 2. Final (due 30 days after construction completed)
- G. Program Income Reports
 - 1. Quarterly (due by 1/31, 4/30, 10/31)
 - 2. Annual (due by 8/15)

- H. Grantee Performance Report (annual, due by 7/31)
- I. Section 3 Report (annual, due by 8/15)

A. Financial & Accomplishment Report (FAR)

When To Submit: Your first FAR will be required starting with the earlier of two dates: 1) the date you receive permission to incur costs for the grant activities (prior to fully executed grant agreement); 2) the date of the fully executed grant agreement. For each open grant, you must prepare and submit a FAR semi-annually, (***this supercedes directions in existing contracts to submit the FAR quarterly***) or more frequently if required by the Department. The semi-annual reporting periods and due dates are as follows:

FAR Report Period	Date Due to the Department
July 1 through December 31st	January 31
January 1 through June 30 th	**August 15
Final Cash Request	Within 45 days of the grant expiration date
Final FAR	Within 30 days of the grant expiration date
Closeout FAR	Within 90 days of the grant expiration date

****Note:** Additional 15 days is given to complete/submit this report to allow time for local jurisdiction to complete year-end financial accounting.

Instructions for Completing:

The State CDBG Financial & Accomplishment Report (FAR) is the document used to report the status of CDBG funds requested, report **accrued** expenditures, report the expenditures of Match/Leverage received from other sources, report narrative accomplishments, report the status of lump sum draw downs, report the balance of funds requested for residential rehabilitation loans, and report the amount of interest revenue earned on CDBG advances.

Grantees shall complete **Sections I through VI** of the FAR and submit it **semi-annually** to the Department.

The FAR is due within 30 days after the end of each 6 month reporting period. The 30 day requirement is contained in the State CDBG regulations. However, the State suggests that jurisdictions submit the FAR as soon as possible after the end of the report period in order to ensure there are sufficient funds available to meet fund needs.

SUBMISSION OF THE CDBG FINANCIAL AND ACCOMPLISHMENT REPORT

Please submit an original and two (2) copies of the CDBG Financial and Accomplishment Report to:

Department of Housing and Community Development
Community Development Block Grant Program
Attn: Fiscal Unit
2710 Gateway Oaks Drive
North Building, Suite 190
Sacramento, California 95833

RETURN OF CDBG FUNDS AND INTEREST REVENUE

Federal regulation 24 CFR 570.489(c) (1) requires local grantees to “use procedures to minimize the time elapsing between the transfer of funds by the State (to the grantee) and disbursement for CDBG activities.”

When funds-on-hand exceeds \$5,000, and the excess cannot be justified (that is, it will not be expended within a reasonable time period), you must return the excess to the Department.

Federal regulations also require the return of interest revenue earned on CDBG advances. The interest revenue must be returned to the Department at least quarterly, except interest earned on the lump sum account. **Interest earned on the lump sum account is considered program income** and is retained in the lump sum draw down account for the term of the grant. Any unused grant funds held by a grantee must also be returned to the Department when the grant expires.

Submit a check payable to the Department of Housing and Community Development and mail to:

Department of Housing and Community Development
Administration & Management Division
Accounting Office Branch, Cashier
Post Office Box 952050
Sacramento, CA 94252-2050

Complete the cover letter found on Attachment A. Send a copy of the warrant and cover letter to the CDBG fiscal unit at:

Department of Housing and Community Development
Division of Community Affairs/State CDBG Program
Attn: Fiscal Unit
2710 Gateway Oaks Drive
North Building, Suite 190
Sacramento, California 95833

PREDESCRIBED CONDITIONS

Your CDBG contract will contain conditions that must be met prior to your incurring administrative and/or program activity costs, and prior to drawing down CDBG funds. For example, most grantees may incur general administrative costs from the effective date of the contract but may not incur costs or expend funds for program activities until they fulfill the environmental review requirements and any special conditions of the contract.

Review your contract to determine which special conditions must be met prior to incurring program activity costs to be paid with CDBG funds. Once the Department has confirmed in writing that you have met the conditions, you may incur program activity costs.

Remember that no costs incurred prior to the effective date of your CDBG contract may be charged to CDBG unless you have special written permission from the Department. Once the contract is signed by the State, eligible expenditures may be incurred and expended against the grant subject to the contract terms.

INSTRUCTIONS FOR HEADING

Grantee, address, and phone number: Enter the jurisdiction's name, mailing address, and phone number. Note: Warrants will be mailed to the address shown on the Grantee's Standard Agreement and not the address shown on the above heading.

Preparer, title, organization, phone number and E-mail address. Enter the name, and other information requested, of the person to contact regarding questions on the completed FAR. This should typically be the person responsible for the information provided on the FAR.

Grant No: Enter the grant number shown on the Standard Agreement.

Grant Amend. #: If the grant has been amended, please enter the number of the last amendment. Show N/A (not applicable) if there are no amendments to the grant.

Execution and Expiration Date: Enter the execution date of the grant, located on the bottom right corner of the Standard Agreement, and the date the grant expires.

Check the appropriate box if it applies:

- **Final FAR** - A **final** FAR is required within 30 days after the expiration date of the grant. Sections I through V of the report must be completed.
- **Closeout FAR Report** – A fully completed FAR, Sections I through V and the Accomplishment Report (page 3 of the FAR), will be used as the **closeout report**. The completed report is due within 90 days after the expiration date of the grant. The closeout certification letter found on Attachment B must be completed and attached to the closeout FAR.
- **Final and Closeout as one-** One report can be submitted with both Final and Closeout boxes checked if all the information for the grant close out is available within 30 days after expiration.

SECTION I – FUND STATUS

Report Period would be either January 1 through June 30, or July 1 through December 31st. An Exception would be the first report, which would be from the execution day of the grant to the end of the reporting period, and the final report, which might have an expiration date before the reporting period ends.

SECTION I - Part A – Requested Fund Information (ONLY REPORT CDBG FUNDS)

See Chapter 9 for detailed instructions on how to fill out the fund status section, columns 1 through 8.

SECTION I – Part B – Accrued Expenditures & Milestones (ONLY REPORT CDBG FUNDS)

Column (1) Contract Activities: List the grant activities, as shown on the first page of the Standard Agreement.

Column (2) HUD Code: List the HUD Code for each activity, which is shown next to the activity on the first page of the Standard Agreement. Contact your Program Rep. If the HUD Code is missing.

Column (3) Budgeted Amount: List the amount budgeted for each activity, as shown on the first page of the Standard Agreement.

Column (4) Previously Reported: Enter the total accrued expenditures reported on column 6 of the prior report. The prior report's ending total must **always** be the new report's beginning balance. **Corrections** to previously reported accrued expenditures will be reported in column 5.

Column (5) Expenditures This Period: Enter the amount of accrued expenditures incurred for each activity during the report period. Corrections to previously reported expenditures will be reported here and could result in a negative amount being reported. Include an explanation in the comments section when a correction is reported. Federal regulations require CDBG expenditures be reported on an accrual basis.

Column (6) Total Accrued Expenditures: Enter the sum of columns 4 & 5. This amount represents the cumulative total CDBG accrued expenditures for each activity. Be advised that the total accrued expenditures for each activity should be equal to or more than the reported cash disbursed for each activity (Section 1 - Fund Status, Column 7).

Column (7) Balance: Enter the difference of columns 3 & 6. This amount represents the CDBG grant funds remaining for future expenditures and commitment.

Column (8) Percent: Enter the percentage of accrued expenditures incurred for each activity by dividing column 6 by column 3.

Section II - Expenditure of Match, Leverage & State/Federal Sources

Section II of the FAR captures the expenditures of other funds committed to the grant. The match, leverage committed to the grant is considered a contractual obligation to the jurisdictions and will be a performance issue if not expended. The expenditure of State/Federal Sources will also be reported in this section. The State/Federal Sources committed to the grant is **not** considered a performance issue.

Column (1) Contract Activities: List the grant activities, as shown on the first page of the Standard Agreement that the match/leverage will be used for.

Column (2) Funding Source: List the source of funding, as shown in Section C of the Standard Agreement.

Column (3) Total Budget: List the amount budgeted for each funding source, as shown in Section C of the Standard Agreement.

Column (4) Previously Reported: Enter the expenditures to date reported on column 6 of the prior report. The prior report's ending total must **always** be the new report's beginning balance. Corrections to previously reported expenditures will be reported on column 5 and may result in negative amounts being reported. Include an explanation in the comments section when a correction is reported.

Column (5) Expenditures This Period: Enter the amount expended for each activity during the report period. Also, include any corrections to previously reported expenditures.

Column (6) Expenditures to Date: Enter the sum of columns 4 & 5. The total represents the expenditures as of the end of the report period for each activity listed.

Column (7) Percent Expended: Enter the percentage of grant funds expended for each activity by dividing column 6 by column 3.

SECTION III - RESIDENTIAL REHABILITATION LOAN ACCOUNT – Escrow Account

This section will only be completed by grantees that are administering a **residential rehabilitation** grant and are drawing down grant funds on an **advance basis**. CDBG funds advanced to a grantee for a residential rehabilitation activity must be deposited into an **escrow account**, as described below.

Federal regulation 24 CFR Part 570.511 allows grantees to request grant funds for **immediate deposit** into an **escrow account** for use in funding loans and grants for the rehabilitation of privately owned residential property. The Department has determined that a “**grantee controlled account**”, which is an account established for a specific purpose, will meet the intent of the regulation if the required limitations are established to control the source and use of the funds in the account.

The limitations to be applied are as follows:

- Limited to loans and grants for the rehabilitation of primarily residential property containing no more than four dwelling units.
- Deposits to the escrow account shall not be made until the contract between the property owner and the rehabilitation contractor has been executed.
- The contract between the property owner and the rehabilitation contractor must specify that payments to the contractor shall be made through the escrow account.

- The grant funds requested for housing rehabilitation shall be deposited into one **interest bearing** account with a financial institution. Separate bank accounts shall not be established for individual loans and grants.
- The amount of funds deposited into an escrow account shall be limited to the amount expected to be disbursed within **22 working days** (federal regulations stipulate 10 working days) from the date of deposit.
- Funds in the escrow account exceeding the 22 days cash needs, for whatever reason, must be immediately transferred to the program account.
- Funds deposited into an escrow account shall be used only to pay the actual costs of rehabilitation incurred by the owner under the contract with a private contractor. Other eligible rehabilitation costs shall be paid under normal CDBG payment procedures.
- The interest earned on escrow accounts, less any service charges for the account, shall be returned to the Department at least quarterly. Please refer to Section IV.

SECTION IV - INTEREST REVENUE EARNED ON ADVANCES

Federal regulations require that money advanced to the grantee be deposited into an **interest bearing** account, and that the interest revenue earned on federal funds be returned at least quarterly. The first \$100 earned on **all** federal funds, not only interest revenue from CDBG funds, can be kept for the jurisdiction's administrative costs. The interest revenue earned on CDBG funds will be submitted to the Department at least quarterly.

Interest revenue earned on lump sum drawdowns may not have to be returned to the Department and is discussed in Section V.

SECTION V - LUMP SUM REPORT

Federal regulations, 24 CFR 570.513 allows grantees to obtain funds for a Housing Rehabilitation activity by means of a lump sum draw down payment option. General administration and activity delivery portions of the CDBG grant must be requested using the regular advance or reimbursement methods discussed in Section I.

Certain conditions apply to lump sum draw down cash requests:

- You must obtain prior Department approval of the lump sum draw down agreement with the local financial institution.
- Use the standard fund request method to request the funds, but a lump sum report, Section V, must also be completed.
- Funds must be deposited immediately into the lump sum interest bearing account.
- The entire amount of the lump sum amount stipulated in the lump sum draw down agreement with the financial institution must be drawn down in one cash request.
- The first housing rehabilitation loan has to be approved within 45 days of the lump sum deposit into the local financial institution.
- A twenty five percent (25%) of the deposit must be expended within 180 days of the deposit.

Substantial Disbursement
1st year of agreement - 35% funds disbursed
18 months of agreement - 75% funds disbursed
2 nd year of agreement - 100% funds disbursed

Part A - Lump Sum Draw Down Agreement Information

Provide the information requested. The requested information will be used to verify the lump sum requirements are being met. Chapter 16 of the CDBG Grant Management Manual discusses the lump-sum draw down in detail.

Part B - Fund Reconciliation

Provide the information requested. The requested information summarizes the financial status of the lump sum account as of the end of the report period and reports the amount available for additional housing rehabilitation loans. Interest earned on lump sum deposits and payments on loans made from such deposits are program income and, during the period of the agreement, shall be used for rehabilitation loans. The program income earned will be used before grant funds are expended.

Part C - Financial Institution Contribution

Check one or more benefits provided by the financial institution.

- BMIR is the commitment of private funds at below market interest rate, at higher than normal risk, or with longer than normal repayment periods.
- Admin. Services is the provision of administrative services in support of the rehabilitation program at no cost or at lower than actual cost.
- Bank Contribution is the leverage of the deposited funds so that private funds are committed for loans in the rehabilitation program in an amount substantially in excess of the amount of the lump sum deposit. Report the amount committed by the bank.

SECTION VI - COMMENTS

Include all requested explanations in this section. Include any explanations or comments to clarify information submitted.

SECTION VII – ACCOMPLISHMENT NARRATIVE

Accomplishment narratives are required for each quarter within the semi-annual report period. Enter the beginning and ending dates of the respective quarters. Enter the names of the contract activities and the corresponding HUD codes in both sections. These should be the same in both sections. In each activity insert a brief description of progress made during each of the quarter. Specify significant changes, problems encountered, or milestones met, such as: “Construction of Sr. Center underway”; or “NEPA clearance obtained - construction to begin within 30 days”; or “Construction delayed due to flooding”, etc. Please make every effort to keep the length of your narrative confined to the space provided.

GRANTEE CERTIFICATION

The report must be signed by an authorized member of the grantee’s staff. The reports cannot be signed by a contractor or subrecipient.

Form #: Fiscal-1

Revised: (6/2003)

CDBG Financial and Accomplishment Report (FAR)

(Due Semi-Annual and at Closeout)

Grantee: _____

Preparer: _____

Grant No.: _____

Address: _____

Title: _____

Grant Amend. #: _____

Organization: _____

Start Date: _____

Phone: _____ ☐ Final FAR

Phone: _____

Expiration Date: _____

☐ Closeout Report

E-Mail Address _____

CDBG Rep: _____

Section I – Fund Status**Report Period:****From:****To:****Section 1 Part A – Requested Fund Information**

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Contract Activities	HUD Code	Budgeted Amount	Total Requested To Date	Total CDBG Funds Received	CDBG Funds Requested Not Received	Total CDBG Funds Disbursed	*CDBG Funds-On- Hand (Col. 5 - 7)
1-							
2-							
3-							
4-							
5-							
6-							
7-							
Total		\$	\$	\$	\$	\$	\$

Note: If Funds-on-Hand exceeds \$5,000, please explain why in Section VI – Comments.*Section 1 Part B – Accrued Expenditures & Milestones**

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Contract Activities	HUD Code	Budget Amount	Previously Reported	Expenditures This Period	Total Accrued Expenditures	Balance (Col. 3 – 6)	Percent (Col. 6 / 3)
1.							
2.							
3.							
4.							
5.							
6.							
7.							
Total		\$	\$	\$	\$	\$	\$

Section II – Expenditure of Match, Leverage & State/Federal Sources

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Contract Activities	Funding Source	Total Budget	Previously Reported	Expended this Reporting Period	Expenditures to Date (Col. 4 +5)	Percent (Col. 6 / 3)
1.						
2.						
3.						
4.						
5.						
6.						
7.						
Total		\$	\$	\$	\$	

CDBG Financial and Accomplishment Report (FAR)

Section III- Residential Rehabilitation Loan Account (if applicable)**Report Period:****From: To:**

Report the cash received on an advance basis for the Residential Rehabilitation Activity.....\$ _____

Report the actual amount paid to contractors for Rehabilitation services.....\$ _____

Balance Remaining for the Residential Rehabilitation Activity.....\$ _____

Is the remaining balance in a rehabilitation loan account? ☐ Yes ☐ No. Will balance be expended within 22 working days of deposit? ☐ Yes ☐ No. If no, explain in _____

Section IV - Interest Revenue Earned on Advances (if applicable)**Report Period:****From: To:**

Report the total amount of interest revenue earned on CDBG advances: \$ _____

Report the total amount of interest revenue returned to the Department: \$ _____

Note: Do not return interest from CDBG advances. However, DO include the interest earned on CDBG advances required for Residential Rehabilitation Loan Accounts.

Section V - Lump Sum Report (if applicable)**Report Period****From:****To:**

Part A - Lump Sum draw down agreement Information		Part B - Fund Reconciliation		
1. Date Agreement Approved by HCD:	_____	1. Lump Sum Deposit:	_____	<input type="checkbox"/> BML
2. Date Agreement Executed:	_____	2. Repayment of P & I:	_____	<input type="checkbox"/> Bank
3. Term of Agreement (not to exceed 2 yrs.):	_____	3. Interest from deposit:	_____	Provide
4. Date of deposit into financial institution:	_____	4. Total (1+2+3):	_____	
5. Date 45 days past date in line 4:	_____	5. Total Loaned:	_____	
6. Date 1 st loan approved:	_____	6. Total Available (4-5):	_____	
7. Date 180 days past date in line 4:	_____			
8. Percent disbursed by 180 th day:	_____			

Section VI- Comments:

CDBG Financial and Accomplishment Report (FAR)

Grantee: _____

Grant #: _____
To: _____

Report Period: From: _____

Section VII - ACCOMPLISHMENT NARRATIVE (Significant Changes; Problems Encountered; Milestones Met. Please refer to instructions.):**First Quarter of the Semi-annual Report Period. From: _____ To: _____**

Contract Activities	HUD Code	Narrative Accomplishments
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Second Quarter of the Semi-annual Report Period. From: _____ To: _____

Contract Activities	HUD Code	Narrative Accomplishments
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Grantee Certification:

I certify to the best of my knowledge that this report is true in all respects, that the reported amounts agree with the official accounting records, and that all disbursements have been made for the purposes and conditions of this grant.

Name: _____

Title: _____

Signature: _____

Date: _____

FOR H
CDBG Rep
Approval D

B. Returned Funds Form

State of California, Dept. of Housing &
Community Development

“Grantee Letter Head”

Date:

Department of Housing and Community Development
Division of Community Affairs/State CDBG Program
Attn: Fiscal Unit, CDBG, MS-390-4
Post Office Box 952054
Sacramento, CA 94252-2054

Fiscal Unit:

RE: Warrant for CDBG Grant No. _____

Please find attached a copy of the warrant, **original** sent to HCD’s accounting office, for \$_____. The warrant is being sent to HCD for the following reason(s):

☐ The return of \$ _____ of **interest earned** on CDBG funds advanced to the grantee.

☐ The **temporary return** of \$ _____ of excess CDBG funds requested. The returned funds will be drawn down at a later date.

The returned funds were requested for the following activities:

Program Activity	HUD Code	Total Requested by Activity	Amount Returned by Activity	Net Funds Requested (Cols. 3 minus 4)

☐ The return of \$ _____ of unused CDBG grant funds. The returned funds should be **disencumbered** from the grant.

Program Activity	HUD Code	Total Requested by Activity	Amount Returned by Activity	Net Funds Requested (Cols. 3 minus 4)

Please call me at () if you have any questions.

Sincerely,

Name
Title

C. Disencumbrance of Funds

State of California, Dept. of Housing &
Community Development

“Grantee Letter Head”

Date:

Department of Housing and Community Development
Division of Community Affairs/State CDBG Program
Attn: Fiscal Unit
2710 Gateway Oaks Drive
North Building, Suite 190
Sacramento, CA 95833

Fiscal Unit:

RE: CDBG Grant No. _____

Please Disencumber unused CDBG Grant Funds.

Program Activity	HUD Code	Budgeted Amounts	Amount To Be Disencumbered	Balance
TOTAL				

Please call me at () if you have any questions.

Sincerely,

Name

Title

D. Closeout Certification Form

State of California, Dept. of Housing &
Community Development

(Grantee Letter Head)

Name of Program Representative
CDBG Representative
Department of Housing
and Community Development
Attn: CDBG Program,
2710 Gateway Oaks Drive
North Building, Suite 190
Sacramento, CA 95833

RE: **CLOSEOUT CERTIFICATION** of CDBG Grant No. _____

It is hereby certified that all activities undertaken by the Grantee with funds provided under the above grant agreement have, to the best of my knowledge, been carried out in accordance with the grant agreement; that proper provision has been made by the Grantee for the payment of all costs and claims; that the State of California is under no obligation to make further payment to the Grantee under the grant agreement; and that every statement and amounts set forth in the **attached** final CDBG Financial and Accomplishment Report is, to the best of my knowledge, true and correct.

Any property acquired in whole or in part with CDBG funds or CDBG Program Income shall be accounted for in accordance with the provisions of Section 7118 and 7104 of the State CDBG regulations pertaining to property management and program income. Please list any property acquired in whole or in part with grant funds or program income expended for the grant or, if applicable, state “none” acquired. Please see Chapter 19, Property Management, in the Grants Management Manual for more detailed instructions.

Note: Future disposition of this property shall be carried out in accordance with Section 7118 of the State CDBG Regulations. Please see CFR 24 Sec. 570.505 Use of real property for instructions.

1.	4.
2.	5.
3.	6.

The Grantee shall continue to comply with the State CDBG program income reporting requirements.

All costs incurred subsequent to the most recent annual audit period will be audited at the time the Grantee’s next annual audit is conducted in accordance with OMB Circular A-133. The Grantee will resolve any audit findings relating to both the program and financial aspects of the grant. In the event there are any costs which are disallowed by this audit or any subsequent audits which cover CDBG expenditures, and which are sustained by the Department of Housing and Community Development, the amount of such costs shall be returned to HCD.

Date:	Typed Name and Title of Authorized Grantee Representative: Name: Title:	Signature of Authorized Grantee Representative:
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E. Economic Development Progress Report.

When To Submit: For each open ED grant, prepare and submit an Economic Development Progress Report semi-annually. The semi-annual reporting periods and due dates are as follows:

PAR Report Period	Date Due to the Department
October 1 through March 31	April 30
April 1 through September 30	October 31
Final Report	Within 90 days of the grant expiration date

Instructions: The report consists of the following:

Report Section	Who Completes
1. Assisted Business (chart)	All grantees
2. Job Creation/Retained Information (chart)	All grantees
3. Business Loan Information (chart)	Grantees with business loans
4. Public Infrastructure Grants (chart)	Grantees w/ public infrastructure activities
5. Microenterprise Assistance Activities	Grantees with microenterprise assistance activities
6. Narrative	All grantees
7. Certification and Signature	All grantees

How To Submit: Submit an original copy of the report to the ED Manager at the address listed in Section II.A above.

Form # CDBG – 1

Grantee _____

Contract # _____

Report Period: _____

ECONOMIC DEVELOPMENT PROGRESS REPORT

1. Assisted Businesses - *To be completed by all grantees.*

Name of Assisted Business	Type S= Start up E= Existing	Annual Sales Volume	# of Employees At time of CDBG Funding	Jobs Created		TIG Jobs Created Grant Period	Jobs Retained		TIG Jobs Retained Grant Period	CDBG Cost per Job	Type of Assistance BL= Business Loan IG= Public Infrastructure Grant
				Report Period	Grant Period		Report Period	Grant Period			

Form # CDBG – 1

Grantee _____

Contract # _____
Report Period: _____

2. Job Creation/Retained Information - *To be completed by all grantees for report period. Duplicate form for each additional assisted business.*

Name of Business _____

Total Full Time Equivalent Jobs _____

List each Jobholder by Job Title	Specify Job Type		Jobholder TIG Status		# of Annual Employment Hours	Pay Rate	Protected Class Status		
	Full-Time	Part -Time	TIG	Non-TIG			Ethnicity Race ¹	Handicapped	M=Male F=Female

Instructions: Only jobs that are permanent and that provide at least 875 hours of employment can be counted as a part-time job. A full-time job must provide at least 1750 annual hours of employment. Part-time jobs of at least 875 hours can be aggregated into full-time equivalent jobs for purposes of meeting CDBG public benefit requirements. Jobs can be counted as “retained” jobs only if it has been documented that without CDBG assistance, the jobs would be lost to the community.

¹ Designate with number symbol: 1=Hispanic, 2=Black, 3=White, 4= American Indian, Alaska, Asian, or Pacific Islander

Form # CDBG – 1

Grantee _____

Contract # _____
Report Period: _____

3. Business Loan Information - *Complete for business loan activities occurring within report period.*

Business Name	Loan Amount	Loan Interest Rate	Loan Term	Total Business Project Cost	Other Project Funds List amounts by Source	Use of CDBG Funds List amounts for each use. ¹	Loan Status ²

¹ W= working capital, E= equipment, C= construction, L= land, I= onsite improvements

² 1= good standing, 2= monetary default, 3= non-monetary default. If default, provide explanation and status on separate sheet.

4. Public Infrastructure Grants - *Complete for public infrastructure activities occurring within report period.*

Business Names (List benefiting businesses for each infrastructure project)	Total Infrastructure Cost	CDBG Funding Amount	Other Project Funds by Source

5. Microenterprise Assistance Activities - *Complete for microenterprise assistance activities occurring within the specified period.*

Performance Measurement	Report Period	Total Grant Period
# of Business Start Ups		
# of Business Expansions		
# of Jobs Created ¹		
# of Jobs Retained		
CDBG Cost per Job Created/Retained		
# of Clients Entering Program		

¹ including self-employment

5. Microenterprise Assistance Activities (cont'd)

Performance Measurement	Report Period	Total Grant Period
# of Clients Completing Program		
# of CDBG Loans To Microenterprises		
Total CDBG Funds for Microenterprise Loans		
# of Clients Receiving Technical Assistance and Business Support		
# of Clients Receiving General Support (e.g., peer support, counseling, child care, transportation)		
Other Performance Measurement Specify		

6. Provide any additional information regarding accomplishments or impediments to program implementation.

7. Certification: I certify to the best of my knowledge this report is true in all respects.

Name

Title

Signature

Date

F. Wage Compliance Reports.

If your project invokes prevailing wages (see Chapter 5), you must complete and submit Wage Compliance Reports semi-annually during the construction period and at completion of construction.

1. Semi-Annual Report.

When To Submit: Prepare and submit this report (see Section VI) semi-annually (same timeframe as for ED Progress Reports) during the term of construction. Note that if your construction period is less than six months, you can just submit the Final Wage Compliance Report.

Instructions: Provide the information requested regarding the numbers and amounts of contracts awarded, labor violations and remedies.

How To Submit: Submit an original and one copy of the report to the CDBG Labor Standards Coordinator at the address in Section II.A above.

2. Final Report.

When To Submit: Within 30 days of completion of construction, prepare and submit this report.

How To Submit: Submit an original and one copy of this report to the CDBG Labor Standards Coordinator at the address in Section II.A above.

WAGE COMPLIANCE REPORT - SEMI-ANNUAL

Grantee: _____

Contract #: _____

1. Period Covered: _____ through _____
2. Total number of prime contracts awarded which are subject to federal labor standards: _____
3. Total dollar amount of prime contracts reported in No. 2 above: _____
4. Number of contractors/subcontractors against whom complaints were received: _____
5. Number of labor standards investigations initiated by Grantee: _____
6. Number of contractors/subcontractors found in violation as a result of investigation(s), above: _____
7. Number of investigations referred to, or performed by other agencies: HCD/Labor Standards: _____
State Labor Commissioner: _____
8. Number of contractors/subcontractors found in violation as a result of investigation(s): _____
9. Amount of wage restitution resulting from investigation(s), above: _____
 - a) Under DBRA (Davis-Bacon and Related Acts for payment of prevailing wage rates): _____
 - b) Under CWHSSA (Contract Work Hours and rates): _____
 - c) Liquidated damages collected for CWHSSA violations: _____
10. Number of employees to whom restitution was found due: _____
11. Total amount of back wages collected and disbursed this period (including No. 9, above, and routine payroll reviews, etc.): _____
12. Total amount of liquidated damages assessed (including amount reported in No. 9, above, and all other amounts assessed for CWHSSA violations): _____
13. Comments:

14. Certification:

I certify that to the best of my knowledge this report is true in all respects and that all expenditures reported are for the purpose and conditions of this grant.

Name	Title	Signature	Date
------	-------	-----------	------

WAGE COMPLIANCE REPORT - FINAL

(Prepare on jurisdiction's letterhead)

Attn: State CDBG Labor Standards Coordinator
 Subject: Final Wage Compliance Report

I. Coverage

Project Name: _____ Project Completion Date: _____

State CDBG No: _____ Project Location: _____

Address City Zip

Prime Contractor: _____

Name

Address City State Zip

Subcontractor: _____

Name

Address City State Zip

II. Violations

1. Wage restitution in the total amount of \$ _____ has been paid to _____ employees by the above listed contractors.

2. Attach a list of names of employees, their employers and amount of restitution for each employee.

3. Method of restitution: _____ paid by contractor
 _____ paid by City/County with funds withheld from payment to contractor

Were any wage underpayments willful? YES NO
 (If yes, see attached detailed report)

Were any liquidated damages assessed? YES NO
 (If yes, see attached detailed report)

Are administrative sanctions being considered? YES NO
 (If yes, see attached detailed report)

Wage underpayments were discovered through: _____

The types(s) of violations were: _____

Signed: _____ Title: _____ Date: _____

NOTE: Where underpayments by a contractor or subcontractor total \$1,000 or more, or where there is reason to believe that the violations are aggravated or willful (or, in the case of the Davis-Bacon Act, that the contractor has disregarded its obligations to employees and subcontractors), the grantee shall furnish within 30 days after completion of its investigation, this enforcement report to the Department.

G. Program Income (PI) Reports.

Introduction: Jurisdictions that have either: 1) Made loans with State CDBG funds that, when repaid, would be considered PI, or; 2) that are receiving income that has been directly generated from the use of State CDBG funds (see page 14-1, “Sources of Program Income”), are required to submit three Quarterly Program Income (PI) Reports and one Annual PI Report each year.

When To Submit: **Quarterly Program Income Report.** Submit this report by: October 31, January 31, and April 30.

Annual Program Income Report. Submit this report by August 15.

Note: Negative performance consequences, on new funding applications submitted to CDBG, may result from late reports – those submitted after the above deadlines:

Applicability: Both Quarterly and Annual Program Income Reports must be submitted by all grantees even if the amount of CDBG Program Revenue (PR) received during the applicable report period was zero or less than \$25,000. For each report, the jurisdiction must use a single report form for the receipt of Program Revenue from all CDBG open and closed grants and Revolving Loan Account (RLA) sources, and the actual expenditures of PI.

Note: See Chapter 14 for more information about PI.

How To Submit: Submit an original and **three (3) copies** to:

Department of Housing and Community Development
Division of Community Affairs/State CDBG Program
Attn: Fiscal Unit
2710 Gateway Oaks Drive
North Building, Suite 190
Sacramento, CA 95833

General Instructions: See Chapter 14 regarding the requirement for CDBG grantees to adopt, by resolution, a PI Reuse Plan that meets CDBG requirements and is approved by the CDBG Program. Each jurisdiction must prepare one report, for each report period that covers all CDBG PR/PI activity for the entire jurisdiction.

Annual PI Report Review Checklist: Before submitting your Annual PI Report each year, please check it against the Annual PI Report Review Checklist included on page 10-30A of this Chapter. The checklist includes the items that CDBG staff will be looking for when they review your checklist, and may save you further correspondence or performance problems regarding the sufficiency of your Annual PI Report.

ANNUAL PROGRAM INCOME REPORT: Complete the entire form even if your jurisdiction received less than \$25,000 of program revenue during the Program Year. **See checklist for completing the annual PI report immediately following the report form below.**

Heading - The information requested is self-explanatory.

Section I. Summarize the Program Revenue (PR) received from loans made from open and closed CDBG grant proceeds.

1. In column A, list the grant number of each CDBG grant that could potentially produce PR.
2. In column B, summarize the amount of PR received under each listed grant.

Section II. Summarize the Program Revenue (PR) received from loans made from Revolving Loan Accounts (RLAs). These are loans that were made from the proceeds of loan repayments.

1. In column A, list each RLA authorized in the jurisdiction's PI Reuse Plan. The RLA names used in this report must reflect the single CDBG activity for which each RLA may be used.
2. In column B, summarize the amount of PR received under each listed RLA.

Section III. Summarize the CDBG Program Revenue (PR).

1. In column A, report the PR from grants (Section I.B).
2. In column B, report the PR from RLAs (Section II.B).
3. In column C, enter the bank interest earned on all PI and/or PR during the Program Year, whether in an RLA or other PI or PR holding account.
4. In column D, sum the total PR (Columns A+B+C)

Section IV. Summarize the disposition of Program Income (PI) for the Program Year. Once the jurisdiction has determined that \$25,000 of PR has been or will be received, then all PR is considered to be PI. Any PI that is not returned to the Department must be either deposited into a revolving loan account (RLA) or be associated with an open CDBG grant.

1. In column A, list all revolving loan accounts (indicating the single activity name of each), and list any CDBG grant numbers to which the jurisdiction has associated any PI received during this report period.
2. In column B, list the corresponding amounts of PI. The Column B Total must equal Section III, Column D.

Section V. Summarize, in detail, expenditures of PI from RLAs for revolving and non-revolving activities.

1. In column A, list the jurisdiction's RLAs by their single activity names.
2. In column B, report the amounts expended for revolving activities for each RLA.
3. In column C, report the amounts expended for non-revolving activities (grants, activity delivery, and general administrative costs including planning activities that are not associated with a CDBG Planning and Technical Assistance grant.) This amount must be 49 percent or less of column D.
4. CDBG Planning and Technical Assistance grant.) This amount must be 49 percent or less of column D.
5. In column D, report the total amount of PI expended (col. B+C).

Section VI. Summarize, in detail, expenditures of PI committed to any CDBG open grant activities, including PI committed as cash match for CDBG Planning and Technical Assistance grants.

1. In column A, list the open CDBG grant to which the PI was committed.
2. In column B, list the abbreviated name and activity code of the single CDBG activity for which these funds have been committed. Include activity delivery funds with the main activity, except for housing rehabilitation activity delivery, which has its own code. General Admin. has its own code, and planning has its own code.

3. In column C, list the total PI that has been committed to the activity in all years.
4. In column D, list the amount of PI that was previously expended on the activities under this grant.
5. In column E, list the amount of PI that has been expended on the activity.
6. In column F, list the amount of committed PI not yet expended for the activity.

Section VII. Summarize the jurisdiction's administrative expenditures.

1. In column A, summarize the total amount of PI expended during the report period, as instructed.
2. In column B, summarize the PI-funded general administrative (GA) expenditures, including any planning activity costs, or match for CDBG Planning and Technical Assistance Grants, for the Program Year. The amount reported in this field should consist only of any GA expenditures from within the amounts reported in Section V.C and Section VI.E.
3. In column C, calculate the percentage of total PI expenditures that were used for administration.

NOTE: Funds expended for general administration are limited to 18% of total PI expenditures for the year, and may come from RLAs as part of the 49% allowed for non-revolving expenditures, and/or may come out of the amounts committed to open grants. We recommend limiting general administration expenditures to 18 percent of the total expenditures from each such source, each year.

Section VIII. Summarize the Revolving Loan Account (RLA) Balances.

1. In column A, list the single activity names of all of the jurisdiction's RLAs.
2. In column B, list the beginning balance of the RLA. The beginning balance should be the ending balance reported on the previous year's Annual PI Report.
3. In column C, list the amount of PI that was deposited into each RLA (from Section IV., Column B.) during the reporting period.
4. In column D, list the amounts expended during the Program Year from each RLA.
5. In column E, list amounts transferred from (-) one RLA and into (+) another RLA, and/or transfers from RLAs to open CDBG grants. In Section X, explain purposes and amounts of all transfers.
6. In column F, calculate the ending balance for each RLA.

Section IX. Summarize fourth quarterly PI expenditures from the RLAs.

1. In column A, list the names of all of the jurisdiction's RLAs.
2. In column B, summarize the fourth quarter (April 1 to June 30) expenditures for each RLA.

NOTE: Amounts reported in Sections I to IX should agree with the official accounting records.

Section X. Add your comments to explain situations that do not fit within the format of this form. Examples are, excess PI on hand, negative balances, and transfers of funds between accounts.

Section XI. The jurisdiction will provide this certification that the report is accurate and that all PI was expended for CDBG eligible activities that addressed a national objective. This form should be signed by someone who is a superior of the Preparer – usually the same person who signs CDBG Funds Requests.

QUARTERLY PROGRAM INCOME REPORT: Complete the entire form each report period.

Heading - The information requested is self-explanatory except for “Report Period.” On this line, please insert the applicable quarter’s beginning and ending dates, as follows: July 1 to September 30; October 1 to December 31; or January 1 to March 31, including the year. This report is **not** required for April to June.

Section I. Summarize the CDBG Program Revenue (PR) received during the reporting period. Once the jurisdiction has determined that \$25,000 of PR has been or will be received, then all PR is considered to be PI. PI can only be expended in conjunction with a CDBG-funded open grant activity, deposited into and expended through a revolving loan account, or returned to the Department.

1. In column A, summarize the PR received from loans made from CDBG grants.
2. In column B, summarize the PR received from loans made from RLAs (re-lent funds).
3. In column C, total the two sources to determine total PR.

Section II. Summarize, in detail, expenditures of PI committed to any CDBG open grant activities, including PI committed as cash match for CDBG Planning and Technical Assistance grants.

1. In column A, list the open CDBG grant to which the PI was committed.
2. In column B, list the abbreviated name and the activity code of the single CDBG activity for which these funds have been committed. Include activity delivery funds with the main activity, except for housing rehabilitation activity delivery, which has its own code. General Admin. has its own code, and planning has its own code.
3. In column C, list the total PI that has been committed to the activity in all years.
4. In column D, list the amount of PI that was previously expended on the activities under this grant.
5. In column E, list the amount of PI that was expended on the activity during this reporting period.
6. In column F, list the amount of committed PI not yet expended for the activity.

Section III. Summarize the Revolving Loan Account (RLA) Balances.

1. In column A, list the single activity names of all of the jurisdiction’s RLAs.
2. In column B, list the beginning balance of the RLA. The beginning balance should be the ending balance reported on the most recent PI Report, whether Annual or Quarterly.
3. In column C, list the amount of PI that was deposited into each RLA during the reporting period.
4. In column D, list the amount of PI that was expended from each RLA during the reporting period.
5. In column E, list amounts transferred from (-) one RLA and into (+) another RLA, and/or transfers from RLAs to open CDBG grants during the reporting period. In Section IV, explain purposes and amounts of all transfers.
6. In column F, calculate the ending balance for each RLA.

Section IV. Provide comments on additional information that the Department will need to understand in order to analyze your report, such as the nature of any transfers between accounts, any negative balances, and the reason for any high account ending balances.

Section V. The jurisdiction will provide this certification that the report is accurate and that all PI was expended for CDBG eligible activities that addressed a national objective. This form should be signed by someone who is a superior of the Preparer – usually the same person who signs CDBG Funds Requests.

Jurisdiction Name: _____

State of California, Department of Housing & Community Development

Community Development Block Grant Program

☐ Original Submittal

ANNUAL PROGRAM INCOME REPORT

☐ Revised Submittal

Report Period: July 1, 200__ to June 30, 200__

Report Prepared By: _____ Date of Reuse Plan Approval Letter from HCD: _____

Telephone Number: _____; Email Address: _____

SECTION I. PROGRAM REVENUE FROM PROJECTS FUNDED DIRECTLY FROM CDBG GRANTS

A. CDBG Grant Number	B. Program Revenue Received ⁽¹⁾⁽²⁾
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
TOTAL:	\$

SECTION II. PROGRAM REVENUE FROM PROJECTS FUNDED DIRECTLY FROM REVOLVING LOAN ACCOUNTS (RLAs)

A. RLA Single Activity Name (List All)	B. Program Revenue Received ⁽¹⁾⁽²⁾
1.	\$
2.	\$
3.	\$
TOTAL:	\$

(1) As of October 1, 2004, costs of collection of loan payments may no longer be deducted to determine the amount of program revenue.

(2) Report all program revenue received in accordance with 24 CFR 570.489(e).

SECTION III. TOTAL PROGRAM REVENUE

A. Program Revenue Received from <u>Grants</u> (Section I.B or D.)	B. Program Revenue Received from <u>RLAs</u> (Section II.B or D.)	C. Total Bank Acct. Interest Earned	D. Total Prog. Rev. (Cols. A+B+C)
\$	\$	\$	\$

SECTION IV. DISPOSITION OF THIS PERIOD'S PROGRAM INCOME

A. Where Was the PI Placed? (RLA Name, or Grant No.)	B. Amount ⁽³⁾
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
TOTAL:	\$

(3) Total must equal Section III.D. In Section X, explain the specific use(s) of funds committed to open grants in FY.

SECTION V. ACTUAL EXPENDITURES OF PI FROM RLAs

A. RLA Name (List All)	B. PI Expended for Revolving Activities⁽⁴⁾	C. PI Expended for Non- Revolving Activities⁽⁵⁾	D. Total PI Expended (Columns B + C)
1.	\$	\$	\$
2.	\$	\$	\$
3.	\$	\$	\$
TOTAL:	\$	\$	\$

(4) At least 51% of PI disbursed during FY must be for revolving activities.

(5) For each RLA up to 49% of PI disbursed during FY can be for non-revolving activities. For each RLA, Column C cannot exceed 49 percent of Column D.

SECTION VI. ACTUAL EXPENDITURES OF PI COMMITTED TO CDBG GRANT ACTIVITIES⁽⁶⁾

A. CDBG Grant Number (May list a grant number more than once)	B. Abbreviated Name and Code of Single CDBG Activity	C. Total PI Committed to this Activity	D. Expended Previously	E. Expended this Program Year	F. Un- Expended Balance (Col. C.-D.-E.)
1.		\$	\$	\$	\$
2.		\$	\$	\$	\$
3.		\$	\$	\$	\$
4.		\$	\$	\$	\$
5.		\$	\$	\$	\$
6.		\$	\$	\$	\$
7.		\$	\$	\$	\$
TOTAL:		\$	\$	\$	\$

(6) The amounts reported in this section must also be reported on, and balance with, the CDBG Funds Request forms for each grant. Column C includes amounts from Section IV, Section VIII.E, and prior year commitments, as applicable.

SECTION VII. ADMINISTRATIVE EXPENDITURES

A. Total PI Expended (Section V.D. + VI.E)	B. Amount Expended for General Administration, Including Planning Activities	C. Percent⁽⁷⁾ (B.÷A.)
\$	\$	%

(7) Cannot exceed 18%

SECTION VIII. RLA BALANCES

A. RLA Name (List All)	B. Beginning Balance⁽⁸⁾	C. Total PI Deposited (Sec. IV, Col. B)	D. Tot. PI Expended (Sec. V., Col. D)	E. Transfers Between RLAs⁽⁹⁾ or To a CDBG Grant⁽¹⁰⁾	F. Ending Balance (Cols. B+C- D+E)⁽¹¹⁾
1.	\$	\$	\$	\$	\$
2.	\$	\$	\$	\$	\$
3.	\$	\$	\$	\$	\$
TOTAL:	\$	\$	\$	\$	\$

(8) The beginning balance is the ending balance from the previous year's Annual PI Report. In Section X, explain negative RLA balances.

(9) Transfers of funds between RLAs must be preceded by a properly noticed CDBG citizen participation public hearing, and should net zero. Show +/- and include an explanation of such transfers in Section X, Comments.

(10) Show with a minus sign, include in Section VI.C. In Section X, explain purposes and amounts transferred to open grants in FY.

(11) In Section X, explain any RLA balances that are negative, or are larger than one unit of delivery for that RLA.

SECTION IX. FOURTH QUARTER PI EXPENDITURES FROM RLAs

A. RLA Name (List All)	B. Expenditures, Fourth Quarter Only ⁽¹²⁾
1.	\$
2.	\$
3.	\$
TOTAL:	\$

(12) Complete this table for the fourth quarter (April 1 to June 30), only.

SECTION X. COMMENTS ⁽¹³⁾

[illegible]

(13) Explain situations noted in footnotes 9, 10 or 11, plus any other factors necessary for understanding your report.

SECTION XI. GRANTEE CERTIFICATION OF REPORT

This certification indicates that this report is true in all respects and that all program income expenditures were for CDBG-eligible activities that addressed CDBG national objectives, and Department approval was obtained in advance.

Authorized Signature:

Title:

Print Name:

Date:

ANNUAL PROGRAM INCOME REPORT REVIEW CHECKLIST

The purpose of this checklist is to ensure that Annual Program Income Reports received by the State CDBG Program from jurisdictions are properly completed. Each Annual PI Report must specifically meet the following requirements:

<input checked="" type="checkbox"/> ?	Section	Review Item
	Form	Has the most recent version of the form been completed? (Section III.C should be "Total Bank Acct. Interest Earned")
	Header	Is the name of the jurisdiction included in the header?
	Header	Has the proper report period been inserted?
	Header	Has the Date of Reuse Plan Approval Letter been provided?
	I.A	Are all CDBG grants that could potentially yield Program Revenue listed?
	I.C and II.C	These Columns, regarding Costs of Collection of the Revenue, were intentionally removed. Do not use the old version of the form. See new form in the 2004 GMM.
	II.	If no revenue is listed is it because the jurisdiction has not made loans from its RLAs.
	II.A	Are all of the jurisdiction's RLAs listed, as defined in their PI Reuse Plan?
	II.A	Is each RLA clearly named for one single CDBG-eligible activity? (Also applies to Sections V, VIII, and IX)
	III.C	Bank interest must not be double-counted. If it is included in Sections I or II, do not include here.
	III.D	Has the total been properly calculated?
	IV.A	Are only RLAs and CDBG grants that were in place during the PY listed?
	IV.B	Does the total equal the total of Section III.D?
	V.A	Are all of the jurisdiction's RLA's that are in their PI Reuse Plan listed?
	V.B	Is the amount in V.B at least 51% of V.D for each separate RLA?
	V.	Has each RLA with a beginning or ending balance in Section VIII had expenditures in the PY?
	VI.	Does this section include all PI associated with open grants of which you are aware?
	VI.F.	Is the jurisdiction expending amounts associated with open grants within a reasonable period of time? Check previous FY's report to compare.
	VII.A	Does the total include the amounts expended from both Sections V and VI?
	VIII.A	Are all of the jurisdiction's RLA's listed, as defined in their PI Reuse Plan?
	VIII.B	Does the beginning balance equal the ending balance from the previous PI Report?
	VIII.C	For each RLA, is the amount deposited the same as in Section IV?
	VIII.D	For each RLA, is the amount expended the same as in Section V.D?
	VIII.E	Do transfers between RLAs net out to zero, and/or have transfers to grants been included in Section VI, and are they explained in Section X, Comments?
	VIII.F	Do any of the RLAs have ending balances that are too high? (Greater than one unit of delivery including AD and GA).
	IX.	Are all of the jurisdiction's RLA's listed, as defined in their PI Reuse Plan?
	X.	Has the jurisdiction provided adequate explanations of transfers to grants and any RLA balances greater than one unit of delivery plus AD and GA?
	XI.	Has the report been signed by an employee of the jurisdiction who is the superior of the preparer?

State of California, Department of Housing & Community Development
Community Development Block Grant Program
QUARTERLY PROGRAM INCOME REPORT

☐ Original Submittal☐ Revised Submittal

Jurisdiction: _____ Report Period: _____ to _____

Report Prepared By: _____ Date of Reuse Plan Approval Letter from HCD: _____

Telephone Number: _____; Email Address: _____

SECTION I. PROGRAM REVENUE FOR THE QUARTER			
A. From Grant Loans⁽¹⁾	B. From RLA Loans⁽¹⁾	Bank Interest Earned	C. Total
\$	\$	\$	\$

(1) As of October 1, 2003, costs of collection of loan payments may no longer be deducted to determine the amount of program revenue. Report all program revenue received in accordance with 24 CFR 570.489(e).

SECTION II. ACTUAL EXPENDITURE OF PI COMMITTED TO OPEN CDBG GRANTS^{(2)I}					
A. CDBG Grant No. (May list a grant number more than once)	B. Abbreviated Name and Code of Single CDBG Activity	C. Total PI Committed to this Activity	D. Expended Previously	E. Expended This Quarter	F. Un-Expended Balance (Col. C.-D.-E.)
1.		\$	\$	\$	\$
2.		\$	\$	\$	\$
3.		\$	\$	\$	\$
4.		\$	\$	\$	\$
TOTAL:		\$	\$	\$	\$

(2) The amounts reported in this section must also be reported on, and balance with, the CDBG Funds Request forms for each grant. Column C may include amounts from Section I, Section III.E, and/or any prior period commitments, as applicable.

SECTION III. RLA BALANCES					
A. RLA Name Single Activity (List All)	B. Beginning Balance⁽³⁾	C. Total PI Deposited This Quarter	D. Total PI Expended This Quarter	E. Transfers Between RLAs⁽⁴⁾ or to an Open Grant⁽⁵⁾	F. Ending Balance (Cols. B+C-D+E)⁽⁶⁾
1.	\$	\$	\$	\$	\$
2.	\$	\$	\$	\$	\$
3.	\$	\$	\$	\$	\$
TOTAL:	\$	\$	\$	\$	\$

(3) The Beginning Balance is the Ending Balance reported on the most recent previous PI Report, whether Annual or Quarterly.

(4) Transfers of funds between RLAs must be preceded by a properly noticed CDBG citizen participation public hearing, and should net zero. Show +/- and include an explanation of such transfers in Comments.

(5) Show with a minus sign, include in Section II.C. In Comments explain purposes and amounts transferred to open CDBG grants in period.

(6) In Section IV, explain any RLA balances that are negative, or are larger than one unit of delivery for that RLA.

SECTION IV. COMMENTS

SECTION V. GRANTEE CERTIFICATION OF REPORT	
This certification indicates that this report is true in all respects and that all program income expenditures were for CDBG-eligible activities that addressed a national objective, and Department approval was obtained in advance.	
Authorized Signature:	Title:
Print Name:	Date:

H. Grantee Performance Report (GPR)

When To Submit: Prepare a separate GPR for each current open grant (not including planning grants) and report on all the activities under each open contract including 10% set aside activities and activities funded in part with program income. Prepare ONE GPR showing benefit from all activities under local program income reuse plan, which includes all revolving loan accounts (RLAs). The report periods and due dates are as follows:

Report	Period Covered	Date Due to the Department
Initial GPR	Contract effective date to subsequent June 30	July 31*
Subsequent GPRs	July 1 to June 30	July 31*
Final GPR	July 1 to grant expiration or RLA closure	Within 90 days after contract expiration

* Note the earlier due date. This change affects GPRs due July 2004

How To Submit: **Submit an original and one copy** of the GPR to the attention of the CDBG Program Manager at the address in Section II.A. above.

Instructions:

A Grantee Performance Report (GPR) is required for all General, Native American, Colonias, and Economic Development grants as well as for CDBG program income. A GPR is **NOT required for Planning/Technical Assistance or DRI grants**, however, citizen participation requirements must still be met.

Prepare a separate GPR for each current open grant and one for CDBG program income. The initial GPR covers the period from the contract effective date or RLA starting date to the following June 30th. All subsequent GPRs cover the period July 1st to June 30th. The final GPR covers both the period from July 1 to the grant expiration date and the entire grant term. Program Income GPRs are not final GPRs unless the jurisdiction came under HUD oversight during the program year.

Public Hearing: Prior to submitting your GPR(s), you must hold at least one noticed public hearing to report to the public your progress on CDBG activities. The hearing must be held prior to submission of the report and must allow interested parties to comment on your grant performance to date. The hearing does not need to be held before a governing body. Your public information file (see Chapter 7 for contents) must include the GPR, notice of the public hearing, list of attendees, minutes of the hearing, and any written comments received as well as your response.

Coversheet/Certification: Provide the general information requested, complete the checklist of contents, and have the individual authorized in the resolution sign the certification.

Note: Always complete and submit Part 1, Common Demographics. Also, complete and submit one set of Parts 2 through 8 of the GPR **for each contract or Program Income RLA activity** (e.g., community facilities, housing rehabilitation, business assistance, etc.) Some Parts of this report may not apply to an activity funded under the open grant or RLA. For these activities check the “not applicable” box on the “Coversheet/Certification” page and do not submit these parts of the GPR. *(Do not complete the GPR for general administration or activity delivery activities.)*

Race and Ethnicity Tables: The following race and ethnicity categories are now required to be used when reporting on beneficiaries for CDBG activities on GPRs, whether under a grant or under program income.

American Indian/Alaskan Native:

“American Indian and Alaskan Native” refers to people having origins in any of the original peoples of North and South America (including Central American), and who maintain tribal affiliation or community attachment. It includes people who indicated their race or races by marking this category or writing in their principal or enrolled tribe, such as Rosebud Sioux, Chippewa, or Navajo.

Asian:

“Asian” refers to people having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. It includes people who indicated their race or races as “Asian Indian,” “Chinese,” “Filipino,” “Korean,” “Japanese,” “Vietnamese,” or “Other Asian,” or wrote in entries such as Burmese, Hmong, Pakistani or Thai.

African American/Black:

“African American or Black” refers to people having origins in any of the Black racial groups of Africa. It includes people who indicated their race or races as “African Am., Black, or Negro,” or wrote in entries such as African American, Afro American, Nigerian, or Haitian.

Native Hawaiian/Other Pacific Islander:

“Native Hawaiian/Other Pacific Islander” refers to people having origins in Hawaii, Guam, Samoa, or other Pacific Islands. It includes people who indicated their race or races as “Native Hawaiian.”

White:

“White” refers to people having origins in any of the original peoples of Europe, the Middle East, or North Africa. It includes people who indicated their race or races as “white” or wrote in entries such as German, Italian, Lebanese, Near Easterner, Arab, or Polish.

American Indian/Alaska Native and White:

Self-explanatory

Asian and White:

Self-explanatory

African American/Black and White:

Self-explanatory

American Indian/Alaska Native and African American/Black:

Self-explanatory

Other Multi-racial:

Includes persons who consider themselves not to be classified under any of the above categories.

You will notice that Hispanic is no longer considered a race category. Hispanic is now an ethnic category that must be associated with a race category when it is used. HUD strongly recommends that program operators first ask beneficiaries to select one of the ten race and multi-race categories. Only after that question is answered should the beneficiary be asked if they are also Hispanic.

Part 1. Common Demographics

Contract or RLA Activity: Enter the activity type (e.g., Housing Rehabilitation, Community Facilities, Business Assistance, etc.)

HUD Matrix Code: Enter the corresponding code to the activity. If the GPR is for a grant the code can be found in the Standard Agreement. If the GPR is for Program Income you may need to contact your CDBG or EDBG representative for the code(s).

Accomplishment Type: Choose the type of accomplishment that applies to each activity reported on. (e.g., Public Services = Persons, Housing Rehabilitation = Households, Business Assistance = Jobs, etc.)

Number of Beneficiaries This Period: Enter the number of beneficiaries for each activity being reported on for the period covered by this report.

Number of TIG Beneficiaries This Period: Enter the number of TIG beneficiaries for each activity being reported on for the period covered by this report.

Total Beneficiaries During Entire Grant: Enter the cumulative number of beneficiaries for each activity being reported on for the entire grant term. **FINAL GPR ONLY.**

Total TIG Beneficiaries During Entire Grant: Enter the cumulative number of TIG beneficiaries for each activity being reported on for the entire grant term. **FINAL GPR ONLY.**

Contractor Information: Enter the value of all contracts awarded to contractors during the period covered by this report, separated by category. Only contracts between the grantee and a contractor should be listed. Contracts between beneficiaries and contractors are **NOT** to be listed.

Part 2. Housing Activities

Contract Activity: Indicate whether the activity being reported on is Housing Rehabilitation, Housing New Construction, or Housing Acquisition. *(If there is more than one housing activity, separate “Part 2’s” must be completed for each individual activity.)*

Beneficiaries by Income Group by Owner and/or within a Renter Group: Provide the totals number of beneficiaries broken out by the Income group within a type of Renter Group.

- a. Total TIG (Low/Mod) Beneficiaries: Total number of beneficiaries whose income exceed 50%, but does not exceed 80% of the median family.
- b. Total LTIG (Lowest Income) Beneficiaries: Number of beneficiaries whose income exceeds 30%, but does not exceed 50% of the median family income.
- c. Total VLTIG (Very Lowest Income) Beneficiaries: Number of beneficiaries whose income does not exceed 30% of the median family income.

- d. Total Non-TIG Beneficiaries: Number of beneficiaries whose income exceeds 80% of the median family income.

Renter Groups:

- a. Small Related: Non-Elderly two to four related persons.
- b. Large Related: Non-Elderly five or more related persons.
- c. Elderly: One and two person households age 62 or more.
- d. All Other: One person non-elderly households and two or more un-related households and elderly three or more person households.

ALL TOTALS: Enter the sum of all the beneficiaries under the “Renter” and “Owner” columns.

Beneficiaries by Race and Ethnicity: See instructions, above.

Multi-Unit Activities: For multi-family housing unit activities only.

- a. **Units at Start of Project**: (Broken out by renters and owners)

Total - Total number of units at the start of the project.

Occupied - Total number of units occupied at the start of the project.

Occupied TIG (Low/Mod) – Total number of units occupied by TIG (low/mod) income persons at the start of the project.

- b. **Units at Completion of Project**: (Broken out by renters and owners)

Total - Total number of actual units at the completion of the project.

Occupied - Total number of actual units occupied at the completion of the project.

Occupied TIG (Low/Mod) - Total number of actual units occupied by TIG (low/mod) income persons at the completion of the project.

Part 3. Public Works Activities

Direct Assistance to Households: Provide the number of households directly assisted either during the report period **OR**, if the final GPR, during the grant term. Households are to be separated by activity type. If the activity type is not listed, use “Other” and identify the type of activity.

Service Area Benefit: This information is only to be reported on if the Public Works activity provides benefit area-wide rather than directly to individual households.

Beneficiaries by Race and Ethnicity: See instructions, above.

Number of Female-Headed Households: Provide the number of households, containing one or more individuals, benefiting from this activity where the primary income contributor is female.

Number of Handicapped Beneficiaries: Provide the number of persons benefiting from this activity that have a physical or mental impairment that substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment. They do not have to be head-of-household.

Percentage of TIG (Low/Mod) in Service Area: Provide the percentage of the TIG (low and moderate-income) persons residing in the service area.

How Was the Percentage of TIG (Low/Moderate Income) Persons Residing in the Area Determined: Indicate if the percentage was determined by a survey or Census data.

Census Tract(s) - If census data was used, provide the census tract number(s).

Block Group(s) - If census data was used, provide the block group number(s) within the census tract provided above.

Part 4. Community Facilities and Public Services Activities

Community Facilities Beneficiary Information: Provide the number of persons assisted during the report period **OR** during the completion of the project (*final GPRs only*). Persons are to be separated by activity type. If the activity type is not listed, use “Other” and identify the type of activity.

Public Services Beneficiary Information: Provide the number of persons assisted during the report period **OR** during the completion of the project (*final GPRs only*). Persons are to be separated by activity type. If the activity type is not listed, use “Other” and identify the type of activity.

Beneficiaries by Race and Ethnicity: See instructions, above.

Number of Handicapped Beneficiaries: Provide the number of persons benefiting from this activity who have a physical or mental impairment that substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment.

Number of Homeless Beneficiaries: Provide the number of homeless persons and/or families benefiting from this activity.

Income Restriction: Indicate if the activity is income restricted. **If the answer is “yes,” presumed benefit and service area benefit information are not needed.**

Presumed Benefit (*limited clientele*) Information: Indicate which limited clientele group(s) are benefiting from the activity.

Service Area Benefit: This information is only to be reported on if the activity provides benefit area wide rather than directly to individuals. **This information is only required if the activity is not income restricted or does not benefit limited clientele.**

Percentage of TIG (Low/Mod) in Service Area: Provide the percentage of the TIG (low and moderate-income) persons residing in the service area.

Total Number of Beneficiaries in Service Area: Provide the total number of persons or households as applicable in the service area.

How Was the Percentage of TIG (Low/Moderate Income) Persons Residing in the Area Determined: Indicate if the percentage was determined by a survey or Census data.

Census Tract(s) - If census data was used, provide the census tract number(s).

Block Group(s) - If census data was used, provide the block group number(s) within the census tract provided above.

Part 5. Economic Development Activities

Number of Jobs Created/Retained:

- a. Jobs Created: The number of jobs created by the activity during the report period.

Full Time - Number of full time jobs.

Full Time TIG (Low/Mod) - Number of full-time jobs for (low/moderate) income persons.

Part Time - Number of part-time jobs that provide at least 875 hours of employment.

Part Time TIG (Low/Mod) - Number of part-time jobs that provide at least 875 hours of employment for TIG (low/moderate) income persons.

- b. Jobs Retained: The number of jobs retained by the activity during the report period.

Full Time - Number of full time jobs.

Full Time TIG (Low/Mod) - Number of full-time jobs for TIG (low/moderate) income persons.

Part Time - Number of part-time jobs that provide at least 875 hours of employment.

Part Time TIG (Low/Mod) - Number of part-time jobs that provide at least 875 hours of employment for TIG (low/moderate) income persons.

Number of Businesses Assisted:

New Businesses – Number of new businesses assisted during the report period.

Existing Businesses – Number of existing businesses assisted during the report period.

Number of Clients Assisted: Indicate the number **Microenterprise Assistance** clients assisted during the report period.

Beneficiaries by Race and Ethnicity: See instructions, above.

Number of Handicapped Beneficiaries: Provide the number of persons benefiting from this activity who have a physical or mental impairment that substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment.

Does the National Objective meet the Slum Blight Area's (SBA) Objective: Answer only if the activity addresses prevention or elimination of slums and blight in a designated area.

- *Percent of Deteriorated Houses:* Indicate the percentage of houses in the designated area that are deteriorated.
- *Total Number of Beneficiaries:* Indicate the number of beneficiaries in the SBA.
- *SBA Designator Year* - Indicate the year the area was designated an SBA.
- *Public Improvement Type/Condition* - Briefly describe the condition of the SBA and how this activity will improve it.
- *Boundaries* - Provide the street names of the boundaries of the SBA.

Part 6. Displacement/Replacement Information

CDBG Displacement: *Complete this section if any household, business, farm, or nonprofit organization moved permanently from real property as a direct result of rehabilitation, demolition, or acquisition of any CDBG-assisted activity. **Note:** Complete one set for each Census Tract.*

Census tract: List the Census Tract the entities are being displaced from.

City or County: Name the City, or County and community from which the entities are being displaced.

- a. Number displaced: List the number of persons by race category and ethnicity that are being displaced.
- b. Number remaining: List the number of persons by race category and ethnicity that will remain (i.e., not displaced.)
- c. Number relocated: List the number of persons by race category and ethnicity that were relocated following displacement.

One for One Replacement: *Answer “yes” if the activity being assisted results in the conversion or demolition of one or more dwelling units that must be replaced. Note:* Please complete one set for each address.

Demolished-Converted street address: Provide the street address of the structure where housing units were demolished or converted.

Number of bedroom units: Indicate the number for each size unit demolished or converted (e.g., three 2-bedroom units and one 3-bedroom unit, etc.)

Date agreement executed: For housing that is privately owned, type the date the grant or loan agreement for CDBG assistance between the grantee and the person owning or controlling the property was executed. For housing that is owned by the grantee or subrecipient, type the date that the contract for demolition or conversion between the grantee or subrecipient and the contractor was executed.

Replacement street address: Provide the street address of the replacement units for the demolished-converted housing.

Number of bedroom units: Indicate the number for each size unit demolished or converted (e.g., three 2-bedroom units and one 3-bedroom unit, etc.)

Available date: The date the replacement units will be available.

State Community Development Block Grant Program

GRANTEE PERFORMANCE REPORT

For period 7/1/_____ to 6/30/_____

Coversheet/Certification

Jurisdiction Name: _____

General Information:

Please check one:☐ Annual GPR☐ Final GPR (Grant GPR Only)Is this GPR being completed to report on: ☐ Program Income, or ☐ a Grant?

If Grant, No: _____, and check type, below:

☐ General ☐ Economic Development ☐ Colonias ☐ Native American

Address of Jurisdiction: _____

Preparer Information:

Name: _____

Title: _____

Phone: _____

Email address: _____

Checklist of Contents: *(include all parts applicable to your Grant or PI-RLAs)*

Contents	Activity 1		Activity 2		Activity 3		Activity 4	
	Inc.	N/A	Inc.	N/A	Inc.	N/A	Inc.	N/A
Part 1. Common Demographics								
Part 2. Housing Activities								
Part 3. Public Works Activities								
Part 4. Public Services and Community Facilities Activities								
Part 5. Economic Development Activities								
Part 6. Displacement/Replacement Information								

Certification:

I have reviewed the enclosed data and certify that to the best of my knowledge these data are true and accurate and the supporting records will be maintained and are available for State review.

Signature of Authorized Representative_____
Printed Name and Title_____
Date

Jurisdiction: _____

Grant No. or Program Income: _____

Part 1. Common Demographics *(List all activities under this grant, or Program Income RLAs, as applicable, and their associated accomplishments during this period)*

Contract or RLA Activity	HUD Matrix Code	Accomplishment Type <i>(choose one for each activity reported on)</i>				Number of Beneficiaries This Period	Number of TIG Beneficiaries This Period	FINAL GPR ONLY (Grants Only)	
		Households ²	Persons ³	Jobs ⁴	Clients ⁵			Total Beneficiaries During Entire Grant	Total TIG Beneficiaries During Entire Grant
1.									
2.									
3.									
4.									

CONTRACTOR INFORMATION: *(Provide the total value of contract(s) between the grantee and contractors⁶)*

Firm Owned Wholly or in Substantial Part By:	Value of Contract(s)
Minority Group Members	\$
Women	\$
Other	\$

Fair Housing Activities: (Final GPRs Only)

Please briefly describe any fair housing activities your jurisdiction undertook during the term of the grant including the amount of CDBG funds spent on fair housing activities, and the numbers and racial/ethnic and gender characteristics:

Citizen Participation Activities: (Final GPRs Only)

Please briefly describe your jurisdiction's efforts during the term of the grant to encourage the participation of minorities, female-headed households, and people with disabilities in your CDBG Citizen Participation process:

² Choose households if the activity is Housing Rehabilitation, Housing New Construction, Housing Acquisition, or Public Works.

³ Choose persons if the activity is Community Facilities or Public Services.

⁴ Choose jobs if the activity is Economic Development.

⁵ Choose clients if the activity is Microenterprise Assistance.

⁶ Do not list contracts between beneficiaries and contractors (i.e., housing rehabilitation).

Jurisdiction: _____

Grant No. or Program Income: _____

Part 2. Housing Activities (Complete a separate Part 2 for each housing activity)**Contract Activity:** (choose one)☐ Housing Rehabilitation☐ Housing New Construction☐ Housing Acquisition

PRIORITY NEED CATEGORY		Category	During this Report Period	During the Entire Grant Term
			Number of Households	Number of Households
Renter	Small Related	Total VLTIG (Very Lowest Income Beneficiaries) 0-30%		
		Total LTIG (Lowest Income Beneficiaries) 31-50%		
		Total TIG (Low/Mod Beneficiaries) 51-80%		
		Non-TIG Beneficiaries		
		Subtotal:		
	Large Related	Total VLTIG (Very Lowest Income Beneficiaries) 0-30%		
		Total LTIG (Lowest Income Beneficiaries) 31-50%		
		Total TIG (Low/Mod Beneficiaries) 51-80%		
		Non-TIG Beneficiaries		
		Subtotal:		
	Elderly	Total VLTIG (Very Lowest Income Beneficiaries) 0-30%		
		Total LTIG (Lowest Income Beneficiaries) 31-50%		
		Total TIG (Low/Mod Beneficiaries) 51-80%		
		Non-TIG Beneficiaries		
		Subtotal:		
	All Other	Total VLTIG (Very Lowest Income Beneficiaries) 0-30%		
		Total LTIG (Lowest Income Beneficiaries) 31-50%		
		Total TIG (Low/Mod Beneficiaries) 51-80%		
		Non-TIG Beneficiaries		
		Subtotal:		
Owner		Total VLTIG (Very Lowest Income Beneficiaries) 0-30%		
		Total LTIG (Lowest Income Beneficiaries) 31-50%		
		Total TIG (Low/Mod Beneficiaries) 51-80%		
		Non-TIG Beneficiaries		
		Subtotal:		
ALL TOTALS:				

Beneficiaries by Race and Ethnicity	During This Reporting Period		During Entire Grant Term	
	Race	Ethnicity	Race	Ethnicity
Race Categories	Number of Households	Number that are also Hispanic	Number of Households	Number that are also Hispanic
American Indian or Alaska Native				
Asian				
African American or Black				
Native Hawaiian or Other Pacific Islander				
White				
American Indian or Alaska Native <i>and</i> White				
Asian <i>and</i> White				
African American or Black <i>and</i> White				
American Indian or Alaska Native <i>and</i> African American or Black				
Other Multi-Racial				
TOTALS:				

Number of Female-Headed Households: _____

Number of Handicapped Beneficiaries: _____

Multi-Unit Activities: *FOR MULTI-FAMILY HOUSING UNIT ACTIVITIES ONLY*

During This Reporting Period	Total		Occupied		Occupied TIG, LTIG & VLTIG (Low/Mod)	
	Owner	Renter	Owner	Renter	Owner	Renter
a. Units at start of project						
b. Units at completion of project						

During Entire Grant Term	Total		Occupied		Occupied TIG, LTIG & VLTIG (Low/Mod)	
	Owner	Renter	Owner	Renter	Owner	Renter
a. Units at start of project						
b. Units at completion of project						

Jurisdiction: _____

Grant No. or Program Income: _____

Part 3. Public Works Activities

Direct Assistance to Households:

Type of Project	Households Assisted During Report Period ¹	Households Assisted During the Grant Term (FINAL GPR ONLY)
Solid Waste Improvements		
Flood Drain Improvements		
Water Improvements		
Street Improvements		
Sidewalk Improvements		
Sewer Improvements		
Other (<i>please specify</i>)		

Service Area Benefit: Percentage of TIG (Low/Mod) in service area: _____%

How was the percentage of TIG (low/moderate income) persons residing in the service area determined? ☐ Survey ☐ Census Tract

Census Tract _____ Block Group(s) _____

Census Tract _____ Block Group(s) _____

Census Tract _____ Block Group(s) _____

Census Tract _____ Block Group(s) _____

¹ Direct assistance to individual households that has not been completed.

² This only applies to Public Works projects where benefit is area-wide (sewer/water mains, flood control, etc.) and not assistance directly to households.

Jurisdiction: _____

Grant No. or Program Income: _____

Part 3. Public Works Activities (Continued)

Beneficiaries by Race and Ethnicity	During This Reporting Period		During Entire Grant Term	
	Race	Ethnicity	Race	Ethnicity
Race Categories	Number of Households	Number that are also Hispanic	Number of Households	Number that are also Hispanic
American Indian or Alaska Native				
Asian				
African American or Black				
Native Hawaiian or Other Pacific Islander				
White				
American Indian or Alaska Native <i>and</i> White				
Asian <i>and</i> White				
African American or Black <i>and</i> White				
American Indian or Alaska Native <i>and</i> African American or Black				
Other Multi-Racial				
TOTALS:				

Number of Female-Headed Households: _____

Number of Handicapped Beneficiaries: _____

Jurisdiction: _____

Grant No. or Program Income: _____

Part 4. Community Facilities and Public Services Activities

Community Facilities Beneficiary Information

Type of Project	Persons Assisted During Report Period	Persons Assisted During Term of the Grant (FINAL GPR ONLY)
Senior Centers		
Handicapped Centers		
Youth Centers		
Community Centers		
Child Care Centers		
Parks and/or Recreation Facilities		
Health Facilities		
Abused/Neglected Children Facilities		
Battered & Abused Spouses Facilities		
Food Banks		
Other (please specify)		

Public Services Beneficiary Information:

Type of Project	Persons Assisted During Report Period	Persons Assisted During Term of the Grant (FINAL GPR ONLY)
Senior Services		
Handicapped Services		
Youth Services		
Transportation Services		
Substance Abuse Services		
Employment Training		
Child Care Services		
Health Services		
Battered & Abused Spouses		
Abused & Neglected Children		
Mental Health Services		
Other (please specify)		

Jurisdiction: _____

Grant No. or Program Income: _____

Part 4. Community Facilities and Public Services Activities (Continued)

Beneficiaries by Race and Ethnicity:	During This Reporting Period		During Entire Grant Term	
	Race	Ethnicity	Race	Ethnicity
Race Categories	Number of Persons	Number that are also Hispanic	Number of Persons	Number that are also Hispanic
American Indian or Alaska Native				
Asian				
African American or Black				
Native Hawaiian or Other Pacific Islander				
White				
American Indian or Alaska Native <i>and</i> White				
Asian <i>and</i> White				
African American or Black <i>and</i> White				
American Indian or Alaska Native <i>and</i> African American or Black				
Other Multi-Racial				
TOTALS:				

Number of Handicapped Beneficiaries: _____

Number of Homeless Beneficiaries: _____ Individuals _____ Families

Jurisdiction: _____

Grant No. or Program Income: _____

Part 4. Community Facilities and Public Services Activities (Continued)

Is this activity income-restricted? ☐ Yes ☐ No

(If you answered yes, stop here. If you answered no, provide the information requested below)

Presumed Benefit (*limited clientele*) Information:

Are the beneficiaries of the Community Facility and/or Public Service activity members of one or more of the following groups? *(please mark each one that applies)*

- | | |
|--|---|
| <input type="checkbox"/> Severely Disabled | <input type="checkbox"/> Homeless Persons (Includes Battered Spouses) |
| <input type="checkbox"/> Illiterate Adults | <input type="checkbox"/> Persons Living With AIDS |
| <input type="checkbox"/> Migrant Farmworkers | |

OR

Service Area Benefit:

Percentage of TIG (Low/Mod) in service area: _____%

Total Number of Beneficiaries: _____

How was the percentage of TIG (low/moderate income) persons residing in the service area determined? ☐ Survey ☐ Census Data

If Census data, please provide following information:

Census Tract _____ Block Group(s) _____

Census Tract _____ Block Group(s) _____

Census Tract _____ Block Group(s) _____

Census Tract _____ Block Group(s) _____

Jurisdiction: _____

Grant No. or Program Income: _____

Part 5. Economic Development Activities

Number of Jobs Created/Retained (During this report period):

	Total Job Count			
	Full-Time Jobs	Full-Time TIG Jobs	Part-Time Jobs ⁷	Part-Time TIG Jobs ⁸
a. Jobs Created				
b. Jobs Retained				

Number of Businesses Assisted: (During this report period)

New Businesses: _____

Existing Businesses: _____

Number of Clients Assisted (Micro-enterprise Assistance Only): _____

Number of Jobs Created/Retained (During the Grant term – Final GPR Only):

	Total Job Count			
	Full-Time Jobs	Full-Time TIG Jobs	Part-Time Jobs ⁹	Part-Time TIG Jobs ¹⁰
a. Jobs Created				
b. Jobs Retained				

Number of Businesses Assisted: (During the Grant Term – Final GPR only)

New Businesses: _____

Existing Businesses: _____

Number of Clients Assisted (Micro-enterprise Assistance Only): _____

⁷ Provides at least 875 work hours.

⁸ Provides at least 875 work hours to TIG individuals.

⁹ Provides at least 875 work hours.

¹⁰ Provides at least 875 work hours to TIG individuals.

Jurisdiction: _____

Grant No. or Program Income: _____

Part 5. Economic Development Activities (Continued)

Beneficiaries by Race and Ethnicity:	During This Reporting Period		During Entire Grant Term	
	Race	Ethnicity	Race	Ethnicity
Race Categories	Number of Persons	Number that are also Hispanic	Number of Persons	Number that are also Hispanic
American Indian or Alaska Native				
Asian				
African American or Black				
Native Hawaiian or Other Pacific Islander				
White				
American Indian or Alaska Native <i>and</i> White				
Asian <i>and</i> White				
African American or Black <i>and</i> White				
American Indian or Alaska Native <i>and</i> African American or Black				
Other Multi-Racial				
TOTALS:				

Number of Handicapped Beneficiaries: _____

Number of Homeless Beneficiaries: _____ Individuals _____ Families

Jurisdiction: _____

Grant No. or Program Income: _____

Part 5. Economic Development Activities (Continued)

If the activity does not meet the National Objective for TIG benefit, does the National Objective meet the Slum Blight Area's Objective¹¹? ☐ Yes ☐ No

If yes, please provide the following information:

Percent of deteriorated buildings _____% SBA designator year _____
Total Number of Beneficiaries _____

Public Improvement Type/Condition:

Boundaries:

¹¹ Pertains only to Program Income and Economic Development activities.

Jurisdiction: _____

Grant No. or Program Income: _____

Part 6. Displacement/Replacement Information**CDBG Displacement and Community**

Census Tract: _____

City or County of: _____

Race and Ethnicity Categories	a. Number Displaced		b. Number Remaining		c. Number Relocated	
	R ¹²	O ¹³	R ¹²	O ¹³	R ¹²	O ¹³
White						
White <i>if also Hispanic</i>						
African American/Black						
African American/Black <i>if also Hispanic</i>						
Asian						
Asian <i>if also Hispanic</i>						
American Indian/Alaskan Native						
American Indian/Alaskan Native <i>if also Hispanic</i>						
Native Hawaiian/Other Pacific Islander						
Native Hawaiian/Other Pacific Islander <i>if also Hispanic</i>						
American Indian/Alaskan Native & White						
American Indian/Alaskan Native & White <i>if also Hispanic</i>						
Asian & White						
Asian & White <i>if also Hispanic</i>						
African American/Black & White						
African American/Black & White <i>if also Hispanic</i>						
American Indian/Alaskan Native & African American/Black						
American Indian/Alaskan Native & African American/Black <i>if also Hispanic</i>						
African American/Black <i>and</i> White						
African American/Black <i>and</i> White <i>if also Hispanic</i>						
Other Multi-Racial						
Other Multi-Racial <i>if also Hispanic</i>						
TOTALS:						

¹² Renter¹³ Owner

One for One Replacement:

Demolished-Converted street address:

Number of bedroom units: 0/1 2 3 4 5

Date agreement executed: ____/____/____

Replacement street address: _____

Number of bedroom units: 0/1 2 3 4 5

Available date: ____/____/____

I. Section 3 Report:

PRACTICAL GUIDANCE FOR COMPETING ANNUAL SECTION 3 REPORT **(See Chapter 10 Attachment One for Copy of HUD Report)**

You must complete an annual Section 3 report if your use of CDBG assistance (open grants or local program income (PI)) triggers Section 3 requirements.

Section 3 covered activities:

- 1) Grant activities assisting public housing and Indian housing projects.
- 2) Grant activities for housing and community development assistance which include housing rehabilitation programs (including lead hazard mitigation activities), housing construction; and other public construction projects.

Do you have to complete a Section 3 annual report?

If you have no open grants or PI funded activities which involve the above listed Section 3 covered activities (example: all your CDBG funds are going toward public service activities), then you do not have to complete the annual Section 3 report.

If you do have CDBG funds paying for Section 3 covered activities, but the funding award or PI annually received by revolving loan account (RLA) is less than \$200,000 for this fiscal year, then you do not have to complete this report.

So, you do have to complete the Section 3 annual report, so whats next?

Local Section 3 Reporting for Jurisdiction Staff:

If you use CDBG funds to pay local jurisdiction staff to implement CDBG programs and projects covered by Section 3, then you are responsible for doing Section 3 outreach and reporting any new Section 3 hires (full time: permanent or temporary or seasonal staff). Complete Part I using this information. For example, a grantee has a \$500,000 grant to do housing rehabilitation and none of the construction contracts are above \$100,000, then the grantee only needs to report on their local new staff hires.

Contractor Section 3 Reporting:

For jurisdictions using CDBG funds to pay contractors and/or subcontractors on housing and public construction project contracts over \$100,000, the grantee will require all prime and subcontractors to report any new full time hires done as part of the grant funded activities. The grantee will then include these new hires on their annual Section 3 report to the state in Part I.

In addition to new hires, jurisdictions will require the prime contractor on the Section 3 covered activities to report all Section 3 subcontractors for construction and businesses for non-construction activities. This information will then be inserted on page 2 part II. Purchase of materials only does not trigger Section 3.

Local Section 3 Reporting for Section 3 consultant/businesses:

If the highest level of Section 3 coverage is reached (\$200,000 in grant award and \$100,000 construction contract, then the Grantee will be required to report, not just their own new hires and new hires from prime contractors and subcontractors, and Section 3 subcontractors and businesses used on the project, but also on any procurement done by the jurisdiction, paid for with CDBG funds for the

project or program. So, if a grantee was awarded \$300,000 for a housing project, \$250,000 was for construction and the remaining \$50,000 was for activity delivery, and they procured a consultant to do the labor standards and federal overlays, then the grantee would need to report Section 3 status for that consultant.

Instructions:

The Section 3 report and instructions can be found on the Grant Management Manual CD Rom given out at our annual training or can be accessed at our CDBG web site under the Grant Management Manual .

You may access the Section 3 annual reporting form and instructions by following the next five steps:

- 1) Using your search engine type: <http://www.hud.gov>
- 2) Go to section on bottom right side of the page titled **Other Partners** and click on **Grantees/Non-profits**.
- 3) Under **General Information** click on **Fair Housing**.
- 4) Under **General Information** click on **Employment/Economic Opportunities**.
- 5) Under **Helpful Tools** click on **Section 3 Summary Report and HUD Form 60002**.

Complete one report for CDBG, regardless of the number of open grants you have. Submit the original and one copy of the report by August 15. If you receive other HUD funding for Section 3 covered activities, for example HOME funds, then you would complete a separate report for the HOME program. Use the appropriate form provided to you by each program.

Note: the HUD web site also has current Section 3 regulations and sample procurement documents for implementation of Section 3 activities.

III. COMMON PROBLEMS.

- Submitting an incorrect number of copies of a report, especially PI Reports (an original and three copies)
-
- Failure to complete the required reporting forms or not using the most current version of the form.
- Not submitting reports or submitting them after the due date
- Submitting incomplete reports.

IV. DEPARTMENT'S ROLE.

The program and fiscal staff are available to answer any questions you have about completing the reports. They also review the reports as they are submitted and compile the information for the Department's reports to HUD. Staff will notify you of any significant problems or errors and corrections needed.

V. REFERENCES.

- State CDBG Regulations, Section 7110
- 24 CFR 570.502(a)(14)
- 24 CFR 85.40 and .41